

# Credit Transfer Request Form

Credit Transfer Office, Welcome Centre, Doon Campus, 299 Doon Valley Drive, Kitchener, Ontario N2G 4M4  
T:519-748-5220 ext. 2397 E: [credittransfer@conestogac.on.ca](mailto:credittransfer@conestogac.on.ca)

Student #: \_\_\_\_\_ Program: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Student Status: Full-Time  Part-Time

**Credit transfer requests should be received prior to the start of the semester.**

Students requesting credit transfer(s) must be confirmed in a program and must:

1. Complete this request form and submit it to the Credit Transfer Office by mail or by email: [CreditTransfer@conestogac.on.ca](mailto:CreditTransfer@conestogac.on.ca).
2. Attach all relevant course outlines and official transcripts. Examples of completed assignments/project work may be required.

**Your application will not be reviewed until all required supporting documents are received. (Request form, official transcript, detailed outlines)**

Students must meet the minimum grade requirement for course-to-course equivalency. Until the application for credit transfer has been reviewed and officially approved by the appropriate faculty and chair, students must continue to attend the course(s) for which they are requesting credit. Once a decision is made students will be notified through their Conestoga email account.

<b>Course Details</b> If you are requesting general elective credits use LSE1000 for diploma level and LSE7000 for degree level		<b>Previous Postsecondary Institution(s):</b>	
<b>Request 1: Conestoga Course Code and Title</b>	Previous Course Code and Title	Grade	Semester/Year Completed
<b>For Office Use Only</b>		<b>If Approved-All Students: Minimum Grade Required</b> ___ %	
<b>Approved</b> - <input type="checkbox"/> All Students (Add to Database) <input type="checkbox"/> This Student Only		Effective dates for database (mm/dd/year): ___/___/___ to ___/___/___	
<b>Denied</b> - <input type="checkbox"/> All Students <input type="checkbox"/> This Student Only		Reviewer Name/Signature: _____ / _____	
Reason for Denial: _____		Course Chair Name: _____ / _____	
<b>Request 2: Conestoga Course Code and Title</b>	Previous Course Code and Title	Grade	Semester/Year Completed
<b>For Office Use Only</b>		<b>If Approved-All Students: Minimum Grade Required</b> ___ %	
<b>Approved</b> - <input type="checkbox"/> All Students (Add to Database) <input type="checkbox"/> This Student Only		Effective dates for database (mm/dd/year): ___/___/___ to ___/___/___	
<b>Denied</b> - <input type="checkbox"/> All Students <input type="checkbox"/> This Student Only		Reviewer Name/Signature: _____ / _____	
Reason for Denial: _____		Course Chair Name: _____ / _____	
<b>Request 3: Conestoga Course Code and Title</b>	Previous Course Code and Title	Grade	Semester/Year Completed
<b>For Office Use Only</b>		<b>If Approved-All Students: Minimum Grade Required</b> ___ %	
<b>Approved</b> - <input type="checkbox"/> All Students (Add to Database) <input type="checkbox"/> This Student Only		Effective dates for database (mm/dd/year): ___/___/___ to ___/___/___	
<b>Denied</b> - <input type="checkbox"/> All Students <input type="checkbox"/> This Student Only		Reviewer Name/Signature: _____ / _____	
Reason for Denial: _____		Course Chair Name: _____ / _____	
<b>Request 4: Conestoga Course Code and Title</b>	Previous Course Code and Title	Grade	Semester/Year Completed
<b>For Office Use Only</b>		<b>If Approved-All Students: Minimum Grade Required</b> ___ %	
<b>Approved</b> - <input type="checkbox"/> All Students (Add to Database) <input type="checkbox"/> This Student Only		Effective dates for database (mm/dd/year): ___/___/___ to ___/___/___	
<b>Denied</b> - <input type="checkbox"/> All Students <input type="checkbox"/> This Student Only		Reviewer Name/Signature: _____ / _____	
Reason for Denial: _____		Course Chair Name: _____ / _____	